



INDIANA DATA BREACH NOTIFICATION FORM

OAG Form 1079 (R1 / 09-14)
Identity Theft Unit

OFFICE OF ATTORNEY GENERAL
Consumer Protection Division
Government Center South, 5th floor
302 W. Washington Street
Indianapolis, IN 46204
(317) 233-4393 – Fax

Name and Address of Entity or Person that owns or licenses the data subject to the breach

Name

Kahn, Dees, Donovan & Kahn, LLP

Street Address

501 Main Street, Suite 305

City

Evansville

State

IN

Zip Code

47708

Submitted by

Brian P. Williams

Title

Attorney

Dated

02/4/2016

Firm Name and Address (if different than entity)

Telephone
812-423-3183

Email

bwilliams@kddk.com

Relationship to Entity whose information was compromised

Type of Organization (please select one)

State of Indiana Government Agency
 Other Government Entity
 Educational

Health Care
 Financial Services
 Other Commercial

Not-For-Profit
 Other – please specify
Law Firm

Number of Persons Affected

Total (Indiana Included)	1
Indiana Residents Only	1

Dates

Date Breach Occurred (include start/end dates if known)	02/03/2016	
Date Breach Discovered	02/03/2016	
Date Consumers Notified	02/03/2016	

Reason for delay, if any, in sending notification

Description of Breach (select all that apply)

Inadvertent disclosure
 Insider wrong-doing
 Loss or theft of device or media (e.g. computer, laptop, external hard drive, thumb drive, CD, tape)

External system breach (e.g. hacking)
 Other

Information Acquired (select all that apply)

<input checked="" type="checkbox"/> Social Security Number	<input type="checkbox"/> Name in combination with (select all that apply) <input type="checkbox"/> Driver's License Number <input type="checkbox"/> State Identification Number <input type="checkbox"/> Credit Card or Financial Account Information <input type="checkbox"/> Debit Card Number (In combination with security code, access code, password or PIN for account)
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List dates of previous breach notifications (within last 12 months)

N/A		

Manner of Notification to Affected Persons		
<i>Attach a copy of a sample notification letter</i>		
<input checked="" type="checkbox"/> Written	<input type="checkbox"/> Electronic (email)	<input type="checkbox"/> Telephone

Identity Theft Protection Service Offered		
<input checked="" type="checkbox"/> Yes	Duration	1 year
<input type="checkbox"/> No	Provider	Consumer's Choice
Brief Description of Service: Identity Theft Protection		

Since this breach, we have taken the following steps to ensure it does not reoccur (attach additional pages if necessary)

A person inadvertently handed documents to a third party. It is our policy to make sure you review what you are handing a person.

Any other information that may be relevant to the Office of Attorney General in reviewing this incident (attach additional pages if necessary)

